



**STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS  
YOUTH SERVICES DIVISION**

**DISCHARGE SURVEY**

1. Name(s) of your parole officer(s): \_\_\_\_\_

2. How long were you in the correctional facility total?

- |                                      |                                      |                                       |
|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> 1-3 Months  | <input type="checkbox"/> 3-6 Months  | <input type="checkbox"/> 6-9 Months   |
| <input type="checkbox"/> 9-12 Months | <input type="checkbox"/> Over 1 Year | <input type="checkbox"/> Over 2 Years |

3. How long were you on parole total?

- |                                      |                                      |                                       |
|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> 1-3 Months  | <input type="checkbox"/> 3-6 Months  | <input type="checkbox"/> 6-9 Months   |
| <input type="checkbox"/> 9-12 Months | <input type="checkbox"/> Over 1 Year | <input type="checkbox"/> Over 2 Years |

4. What programs did you participate in (P)/complete (C) while you were in the community?

- | P                        | C                        |  | P                        | C                        |   |
|--------------------------|--------------------------|--|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Anger Management                         | <input type="checkbox"/> | <input type="checkbox"/> | Higher Education                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Chemical Dependency Inpatient Treatment  | <input type="checkbox"/> | <input type="checkbox"/> | Human Resource Council<br>(Employment Programs) |
| <input type="checkbox"/> | <input type="checkbox"/> | Chemical Dependency Outpatient Treatment | <input type="checkbox"/> | <input type="checkbox"/> | Independent Living                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Service                        | <input type="checkbox"/> | <input type="checkbox"/> | Job Corps                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Faith Based Services                     | <input type="checkbox"/> | <input type="checkbox"/> | Job Service                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Family Support Services                  | <input type="checkbox"/> | <input type="checkbox"/> | Mental Health Treatment                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Foster Home                              | <input type="checkbox"/> | <input type="checkbox"/> | Mentor  |
| <input type="checkbox"/> | <input type="checkbox"/> | GED                                      | <input type="checkbox"/> | <input type="checkbox"/> | Restorative Justice                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Group Home                               | <input type="checkbox"/> | <input type="checkbox"/> | Sex Offender Treatment                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Guide Home                               | <input type="checkbox"/> | <input type="checkbox"/> | Youth Transition Centers                        |
| <input type="checkbox"/> | <input type="checkbox"/> | High School                              |                          |                          |   |

5. Where were your placements throughout parole? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Parents                           | <input type="checkbox"/> Guide Home                                 |
| <input type="checkbox"/> Shelter Care                      | <input type="checkbox"/> Kinship Care (Relative)                    |
| <input type="checkbox"/> Youth Transition Centers          | <input type="checkbox"/> Group Home Care                            |
| <input type="checkbox"/> Foster Home                       | <input type="checkbox"/> In-patient Chemical Dependency Program     |
| <input type="checkbox"/> Returned to Correctional Facility | <input type="checkbox"/> Psychiatric Residential Treatment Facility |
| <input type="checkbox"/> Independent Living                |   |

6. How helpful were team members? 1 being least helpful, 5 being most helpful. NA-Not Applicable

- |              |                  |              |                         |
|--------------|------------------|--------------|-------------------------|
| 1 2 3 4 5 NA | Counselor        | 1 2 3 4 5 NA | Juvenile Parole Officer |
| 1 2 3 4 5 NA | School           | 1 2 3 4 5 NA | Case Manager            |
| 1 2 3 4 5 NA | Mentor           | 1 2 3 4 5 NA | Boss                    |
| 1 2 3 4 5 NA | Employment staff | 1 2 3 4 5 NA | Other                   |
| 1 2 3 4 5 NA | Parents          | 1 2 3 4 5 NA | Relative                |

1 2 3 4 5 NA Guide Home parents  
1 2 3 4 5 NA Social Worker

1 2 3 4 5 NA  
1 2 3 4 5 NA

Parish Nurse  
Drug/Alcohol Counselor

7. How helpful were team members in Re-entry Meeting? 1 being least helpful, 5 being most helpful.

1 2 3 4 5 NA Counselor

1 2 3 4 5 NA

Juvenile Parole Officer

1 2 3 4 5 NA School

1 2 3 4 5 NA

Case Manager

1 2 3 4 5 NA Mentor

1 2 3 4 5 NA

Boss

1 2 3 4 5 NA Employment staff

1 2 3 4 5 NA

Other

1 2 3 4 5 NA Parents

1 2 3 4 5 NA

Relative

1 2 3 4 5 NA Guide Home parents

1 2 3 4 5 NA

Parish Nurse

1 2 3 4 5 NA Social Worker

1 2 3 4 5 NA

Drug/Alcohol Counselor

8. You participated in the development of your case plan.

☐ Yes ☐ No ☐ Unsure

9. You found your case plan helpful/useful.

☐ Yes ☐ No ☐ Unsure

10. You obtained the goals set out for you in your case plan.

☐ Yes ☐ No ☐ Unsure

11. Your case plan kept you focused on your goals

☐ Yes ☐ No ☐ Unsure

12. Your parole officer treated you with respect.

☐ Yes ☐ No ☐ Unsure

13. Your parole officer met with you:

☐ Once per week ☐ Twice per month ☐ Monthly ☐ Less than monthly

14. Your parole officer respected your culture, race, and background

☐ Yes ☐ No ☐ Unsure

15. Your parole officer gave you the resource directory and the "Guide to Turning 18" information prior to discharge.

☐ Yes ☐ No ☐ Unsure

16. Your parole officer assisted you in the community.

☐ Yes ☐ No ☐ Unsure

17. You violated your parole conditions

☐ Never ☐ Once ☐ 2-5 Times  
☐ 5-10 Times ☐ More than 10 Times

18. Your parole officer treated you fairly for your violations.

☐ Yes ☐ No ☐ Unsure

19. What happened to you after violating law and/or parole conditions?

☐ Verbal Warning ☐ Electronic Monitor  
☐ Chemical Dependency Treatment ☐ Assigned Different Parole Officer  
☐ Assessment Center Placement ☐ Transition Centers Placement

- ☐ Curfew
- ☐ Educational Requirement
- ☐ Facility Restriction (YTC)
- ☐ Counseling Requirement
- ☐ Increase Supervision Level
- ☐ Restitution
- ☐ Different placement
- ☐ Other: \_\_\_\_\_

- ☐ Group Home/Shelter Home Placement
- ☐ Employment Requirement
- ☐ Job Search
- ☐ Community Service
- ☐ Intervention agreement
- ☐ Increase counseling
- ☐ Sent back to youth correctional facility

20. While on parole You were cited for a new:

- |   |                 |                    |
|---|-----------------|--------------------|
| <input type="checkbox"/> Misdemeanor Offense                  | How Many? _____ | Disposition: _____ |
| <input type="checkbox"/> Felony Offense                       | How Many? _____ | Disposition: _____ |
| <input type="checkbox"/> Status Offense                       | How Many? _____ | Disposition: _____ |
| <input type="checkbox"/> I was not cited for any new offenses | _____           | _____              |

21. What was the most helpful service you received from your parole officer?

\_\_\_\_\_

\_\_\_\_\_

22. What could your parole officer(s) have done to improve the services you had?

\_\_\_\_\_

\_\_\_\_\_

23. What tools do you feel you learned to use while on parole that will help you to maintain a positive, legal, and healthy lifestyle?

\_\_\_\_\_

\_\_\_\_\_

24. Upon discharge, you completed:

- |   |  |
|---|--|
| <input type="checkbox"/> High school            | <input type="checkbox"/> Sexual Offender Treatment     |
| <input type="checkbox"/> GED                    | <input type="checkbox"/> Paid off your restitution     |
| <input type="checkbox"/> Drug/Alcohol Treatment | <input type="checkbox"/> Full-time employment          |
| <input type="checkbox"/> Part-time employment   | <input type="checkbox"/> Enrolled in a college program |
| <input type="checkbox"/> Therapy                |  |

25. You are prepared for independent living.

- ☐ Yes   ☐ No   ☐ Unsure

26. What are your short term goals:

\_\_\_\_\_

\_\_\_\_\_

27. What are your long term goals:

\_\_\_\_\_

\_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_